

# **NC-TOPPS**

**NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM**

## **SFY 2007 – 2008 IMPLEMENTATION GUIDELINES**

**FOR SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS**

**Version 4.2, Effective April 1, 2008**

### **INTRODUCTION**

The North Carolina - Treatment Outcomes and Program Performance System (NC-TOPPS) is the program by which the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) measures the quality of substance abuse and mental health services and their impact on individuals' lives. By capturing key information on a consumer's service needs and life situation during a current episode of care, NC-TOPPS aids in developing appropriate person-centered plans (PCPs)/treatment plans and evaluating the impact of services on an individual's life. It supports Local Management Entities (LMEs) in their responsibility for monitoring services in each LME's catchment area. The data generated through NC-TOPPS helps the DMH/DD/SAS, LMEs and provider agencies improve the quality of services. In addition, NC-TOPPS provides data for meeting federal performance and outcome measurement requirements, which allows North Carolina to evaluate its service system in comparison to other states.

The web-based NC-TOPPS was implemented statewide in July 2005 for adults and children ages 6 years and above who are receiving publicly-funded services for mental health and/or substance abuse issues. Online interviews conducted at the beginning, during and at the end of an episode of care provide information on each individual's service needs and outcomes.

Reports of aggregate information from those interviews are published on the NC-TOPPS website at <http://www.ncdhhs.gov/mhddsas/nc-topps> for use by state and local government agencies, provider agencies and consumers and their families in evaluating and improving the quality of care in North Carolina's public service system. Provider agencies and LMEs can also request reports to fit particular needs. Web-based reports are currently being developed for implementation in the fall of 2008 that will allow DMH/DD/SAS, LME, and provider agency staff easier access to NC-TOPPS information.

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

### CONTENTS

I. LME RESPONSIBILITIES.....	3
Local Oversight.....	3
Provision of Identification Numbers.....	3
Training.....	3
Transfer of Clinician Access.....	3
II. PROVIDER AGENCY RESPONSIBILITIES .....	3
Completion of NC-TOPPS Interviews.....	3
Consumers with Multiple Provider Agencies .....	4
III. DATA CONFIDENTIALITY .....	5
Sharing of Consumer Data for Oversight and Evaluation .....	5
Authorization (Consumer Consent) to Release Information For Care Coordination .....	5
IV. REQUIRED SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS.....	5
Consumers Receiving Only Medicaid-Funded Services .....	6
Consumers Receiving Services Funded Through IPRS Only or Both IPRS and Medicaid .....	6
Consumers Receiving Developmental Disability (DD) Services and Supports .....	6
V. TIMEFRAMES FOR COMPLETING NC-TOPPS INTERVIEWS .....	6
Episode Of Care.....	6
Initial Interviews .....	7
Update Interviews .....	7
Change in A Consumer's Primary Provider Agency .....	7
Episode Completion Interviews.....	8
VI. PREREQUISITES FOR USING THE WEB-BASED NC-TOPPS SYSTEM .....	8
Technical Requirements.....	8
Identifying Information.....	9
User Enrollment .....	9
Superuser Enrollment.....	10
Consumer Enrollment .....	11
VII. USING THE WEB-BASED NC-TOPPS SYSTEM.....	11
Preparation For Interviewing .....	11
Conducting Interviews .....	11
VIII. PERFORMANCE EXPECTATIONS FOR NC-TOPPS.....	12
The LME-Provider Contract or Memorandum of Agreement.....	12
The DHHS-LME Performance Contract .....	12
Compliance with Initial Interview Requirements .....	12
Compliance with Update Interview Requirements .....	12
IX. ACCESSING DATA AND REPORTS.....	12
X. FREQUENTLY ASKED QUESTIONS.....	13
XI. NC-TOPPS CONTACTS .....	13

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

### I. LME RESPONSIBILITIES

#### **Local Oversight**

It is the responsibility of the LME to ensure that all of the provider agencies of publicly-funded mental health and substance abuse services in its catchment area meet NC-TOPPS requirements. LMEs determine which provider agency is a consumer's primary provider agency and is therefore responsible for completion of NC-TOPPS Interviews with that consumer. (See Section II for further information.) LMEs are responsible for ensuring that NC-TOPPS Interviews are fully completed for required substance abuse consumers by substance abuse Qualified Professionals (QPs) and for required mental health consumers by mental health QPs. Each LME must train, guide, and monitor its provider agencies on how NC-TOPPS is implemented within its service area.

#### **Provision of Identification Numbers**

LMEs are responsible for giving its provider agencies that are responsible for completing NC-TOPPS Interviews the appropriate LME Code and IPRS Attending Provider Number as soon as the LME receives the provider agency's signed Contract or Memorandum of Agreement to provide services. User logins and passwords cannot be assigned without these identification numbers. (See Section VI for more information.)

The LME must also give the provider agency the LME Assigned Consumer Record Number as soon as a Consumer Admission Form is received from the provider agency. The provider agency must have this number in order to submit an NC-TOPPS Interview.

#### **Training**

LMEs are responsible for ensuring that its provider agencies are trained on the web-based NC-TOPPS tools and protocols. DMH/DD/SAS, through its contractors, has provided training on the web-based NC-TOPPS data collection system for every LME and will continue to provide technical assistance and training support as needed.

#### **Change of QP Access**

When a consumer leaves their primary provider agency and is continuing services at a new primary provider agency, the LME superuser is responsible, when appropriate, for changing the QP for that consumer in order to give the new primary provider agency access to the consumer's NC-TOPPS submissions. Ensuring smooth transfers of responsibility from one primary provider agency to another requires good communication between the LME superuser, its service authorization unit, and its NC-TOPPS provider agencies. (See Section V under "Change in a Consumer's Primary Provider Agency" for more information on when the change of QP access is appropriate.)

### II. PRIMARY PROVIDER AGENCY RESPONSIBILITIES

#### **Completion of NC-TOPPS Interviews**

Responsibility for completing NC-TOPPS lies with the consumer's *primary provider agency*. This is the provider agency that provides a qualifying mental health and/or substance abuse

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

service to the consumer and is usually responsible for developing and implementing the consumer's Person-Centered Plan (PCP)/treatment plan. See the table below for the list of qualifying services.

<b>Qualifying Services for NC-TOPPS</b>	
<b><i>Mental Health Consumers</i></b>	<b><i>Substance Abuse Consumers</i></b>
Community Support - Adult	Community Support - Adult
Community Support - Child	Community Support - Child
Community Support Group	Community Support Group
Community Support Team	Community Support Team
Intensive In-Home	Intensive In-Home
Multi-systemic Therapy	Multi-systemic Therapy
Assertive Community Treatment Team	Assertive Community Treatment Team
Residential Treatment	Residential Treatment
Day Treatment	Day Treatment
	Methadone Administration
	SA Intensive Outpatient Treatment
	SA Comprehensive Outpatient Treatment
	Outpatient – Individual (IPRS only)
	Outpatient – Group (IPRS only)

The QP in the primary provider agency that completes the consumer's PCP/treatment plan is responsible for ensuring that NC-TOPPS Interviews are done as a regular part of developing and updating a consumer's PCP/treatment plan. Having the consumer present for an in-person Interview is expected. Copies of all completed NC-TOPPS Interviews must be included in the consumer's service record and submitted to the LME as part of the PCP/treatment plan.

When the consumer's primary provider agency changes, the QP at the new primary provider agency must notify the LME so that the LME superuser can change the consumer's NC-TOPPS submissions to the new primary provider agency's QP. (See Section V for more information.)

### **Consumers with Multiple Provider Agencies**

Only one set of NC-TOPPS Interviews is completed for each consumer during a particular episode of care. However, NC-TOPPS Interviews should capture all services a consumer receives during an episode of care. If the consumer is being treated by multiple provider agencies, the QP from the primary provider agency who is responsible for the consumer's PCP/treatment plan is also responsible for ensuring that all involved provider agencies are consulted and informed when completing NC-TOPPS Interviews. If the consumer signs a consent for sharing the NC-TOPPS information with other provider agencies involved in his or her care, the primary provider agency's QP is responsible for providing those other provider agencies with copies of the NC-TOPPS Interviews (See Section III for more information).

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

### III. DATA CONFIDENTIALITY

#### **Sharing of Consumer Data for Oversight and Evaluation**

Confidentiality of consumer health information is protected under North Carolina laws and Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164. Consumers' Protected Health Information (PHI) is only shared with individuals with a legal right to the information. Consumers may have access to their NC-TOPPS information upon request.

NC-TOPPS falls under the "audit or evaluation exception" of the federal laws cited above. This clause allows collection and sharing of PHI with state and local government agencies for the purpose of *oversight and evaluation* of the quality and effectiveness of services. Consumers must be informed of this by including NC-TOPPS on the Notice of Privacy to consumers in accordance with HIPAA regulations.

#### **Authorization (Consumer Consent) to Release Information For Care Coordination**

The federal laws noted above require the provider agency to obtain **explicit** consent from a consumer before sharing any PHI, including NC-TOPPS data, with other provider agencies for the purpose of *coordinating care* for a specific individual. This requirement includes obtaining written consent to share consumers' PHI with an LME, as well as with other MH/DD/SAS provider agencies or primary medical care providers, for this purpose.

The primary provider agency may only share a consumer's PHI with those provider agencies explicitly named on the signed consent form.

The consent form must be renewed at least annually. An example of a consent form, "Authorization for Release of Confidential Information," can be found on the DMH/DD/SAS website at <http://www.ncdhhs.gov/mhddsas/statpublications/manualsforms/index.htm#forms>.

### IV. REQUIRED SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS

NC-TOPPS Interviews are required for 100% of consumers ages 6 and above who have:

- Been formally admitted to the LME by having an open record with a unique LME Assigned Consumer Record Number and
- Begun receiving qualifying mental health and/or substance abuse services (see Section II for the list of services) from a publicly-funded source.

Further requirements and exclusions are noted below. Any LME or provider agency interested in using NC-TOPPS for consumers not required to participate will need to contact Kathryn Long or Jaclyn Johnson (See Section XI for contact information).

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

### **Consumers Receiving Only Medicaid-Funded Services**

NC-TOPPS Interviews are required for all adults and children ages 6 years and above who are receiving any qualifying service for any mental health and/or substance abuse issues. (See the table in Section II for a list of qualifying services.)

NC-TOPPS Interviews are not required for consumers receiving only one or more of the following services:

- Unmanaged outpatient therapy and/or medication management (8 visits for adults; 26 visits for children), including authorized extensions to these services
- Crisis services (social setting detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)
- Psychiatric inpatient services
- Developmental disability services and supports

### **Consumers Receiving Services Funded Through IPRS Only or Both IPRS and Medicaid**

NC-TOPPS Interviews are required for all adults and children ages 6 years and above who are receiving any qualifying service for any mental health and/or substance abuse issues. (See the table in Section II for a list of qualifying services.)

In addition, NC-TOPPS Interviews are not required for consumers receiving only one or more of the following services:

- Mental Health outpatient therapy or medication management (**NOTE: Substance abuse outpatient services require NC-TOPPS participation.**)
- Crisis services (social setting detoxification, non-hospital medical detoxification, mobile crisis, facility-based crisis program, local inpatient crisis services, or respite)
- Psychiatric inpatient hospitalization services
- Developmental disability services and supports

### **Consumers Receiving Developmental Disability (DD) Services and Supports**

Consumers who receive DD services and supports as well as MH and/or SA services require a NC-TOPPS only when the services are predominantly either MH or SA. The LME will determine whether the NC-TOPPS is appropriate for each MH/DD or SA/DD consumer.

Consumers in the Mental Retardation/Mental Illness (ADMRI) target population are not required to have NC-TOPPS Interviews.

## **V. TIMEFRAMES FOR COMPLETING NC-TOPPS INTERVIEWS**

### **Episode Of Care**

NC-TOPPS is designed to follow an individual across an “episode of care.” An episode is defined as the period that begins with the initiation of services and ends with the termination of



## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

services or with a lapse in services. An individual who returns to services after a lapse begins a new episode of care.

Mental health and substance abuse consumers must complete an Initial Interview at the beginning of an episode of care, followed with Updates (at 3 months, 6 months, 12 months, and other bi-annual updates as necessary), and an Episode Completion Interview at the end of an episode of care.

### **Initial Interviews**

An Initial Interview must be completed with the consumer in an in-person interview at the beginning of an episode of care. The Initial Interview should be completed during the first or second service visit as part of the development of the Introductory PCP/treatment plan. The Initial Interview should not be completed prior to the consumer's formal date of admission to the LME or enrollment in a target population (for consumers receiving state-funded services).

If the NC-TOPPS system does not allow a QP to complete an Initial Interview on a new consumer, the QP should contact the consumer's LME to receive access to the consumer's NC-TOPPS submissions and then administer NC-TOPPS Update Interviews on the previously established schedule. [An additional Initial Interview is not required.] See below under "Change in a Consumer's Primary Provider Agency" for more information on when an additional Initial Interview is not required.

### **Update Interviews**

Update Interviews should be completed with the consumer in an in-person interview. An Update Interview must be completed within two weeks prior or two weeks after the appropriate Update is due. The timing of the appropriate Update is based on the day the Initial Interview was started on the web-based system. For example, if an Initial Interview is started on 1/3/07, the 3-Month Update is expected on 4/3/07; the 6-Month Update is expected on 7/3/07, etc.

- 3-Month Update – Completed 90 days following Initial Interview, plus or minus two weeks, 76 to 104 days.
- 6-Month Update – Completed 180 days following Initial Interview, plus or minus two weeks, 166 to 194 days.
- 12-Month Update – Completed 360 days following Initial Interview, plus or minus two weeks, 346 to 374 days.
- Other Bi-Annual Update (18, 24, 30, etc. months) – Example: An 18-month Update should be completed 540 days following the Initial Interview, plus or minus two weeks, 526 to 554 days.

### **Change in a Consumer's Primary Provider Agency**

When a consumer leaves their primary provider agency, the responsibilities of that primary provider agency depend on whether the consumer is continuing services at a new primary provider agency or discontinuing services all together.

If the consumer is continuing services at a new primary provider agency, the new QP should contact the consumer's LME, so that the LME superuser can change the consumer's NC-TOPPS

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

submissions to the new QP/primary provider agency. (See Section VI for more information on superusers.) The new primary provider agency will then be responsible for completing appropriate Update Interviews thereafter, on the schedule established with the previous primary provider agency.

If the consumer is discontinuing services all together, the current QP should complete an Episode Completion Interview, as discussed in the next section.

If the primary provider agency does not see the consumer for 60 days or more without notification of the reason from the consumer or LME, the current QP should contact the consumer's LME to find out if the consumer has moved to another provider agency. If no other primary provider agency has been assigned to provide services, the current QP should complete an Episode Completion Interview, as discussed in the next section.

### **Episode Completion Interviews**

Episode Completion Interviews must be submitted when a consumer has:

- successfully completed treatment (QP should conduct an in-person interview with consumer just prior to the end of services)
- chosen to stop treatment all together
- not received any services for 60 days (For the item asking the reason for the Episode Completion, the QP would check "Consumer did not return as scheduled within 60 days.")
- moved to services or target populations not required for NC-TOPPS (For the item asking the reason for the Episode Completion, the QP would check "Moved to services or target populations not requiring NC-TOPPS.")
- been discharged at program initiative
- been incarcerated or institutionalized
- died

If a consumer returns after an Episode Completion Interview has been completed, the assigned QP from the primary provider agency should complete an Initial Interview for the new episode of care.

**NOTE:** Submitting an Episode Completion Interview for NC-TOPPS should coincide with completing an Episode Completion Record for the Client Data Warehouse (CDW), unless the consumer has moved into services for which NC-TOPPS is not required. If a consumer is continuing in services not required for NC-TOPPS, the Episode Completion Record for the CDW is not required.

## **VI. PREREQUISITES FOR USING THE WEB-BASED NC-TOPPS SYSTEM**

### **Technical Requirements**

The following technology must be in place to access the online NC-TOPPS system:

- Secure web access at the desktop level for participating QPs.



## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

- Minimum browser capability and encryption: Internet Explorer 5.1 or greater or Netscape 4.7 or greater.
- 128 Bit SSC (Encryption) Bandwidth on a DSL or an ISDN line. (The online system can work with dial-up, but will be slower.)
- Cookies and Java Script enabled for each Web Browser

In addition to the technical requirements, using the NC-TOPPS web system requires each provider agency to have a commitment by clinical and management staff to use the system and cooperation, leadership, and technical support from the provider agency's Management Information staff.

If the QP provides services at a location where internet access is not available, QPs may use printable versions to gather NC-TOPPS information on site. This information must then be entered into the web-based system by the QP or his/her designee under the QP's User Login. Printable versions are available on the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>) on the System Users page under "Printable Versions of Interviews."

### **Identifying Information**

The QP must have a Clinician ID before enrolling to use the web-based system. This unique ID is assigned by the provider agency and can be a maximum of 16 alpha-numeric characters.

The QP must also have identifying information for the LME and provider agency before enrolling to access the online NC-TOPPS system. The following information must be obtained from the LME:

- The LME Code is the code identifying the LME for which the provider agency completes NC-TOPPS Interviews. NOTE: Provider agencies serving consumers from multiple LMEs will need to have all of the appropriate LME Codes in order to receive separate access for each LME.
- The Attending Provider Number is assigned to each provider agency by the LME for IPRS billing purposes. If the provider agency has obtained a National Provider Identification Number (NPI), this should be used instead of the Attending Provider Number. If the provider agency has neither an Attending Provider Number nor a NPI, the provider agency should use their Medicaid Provider Number.

NOTE: By May 23, 2008, every provider agency must be enrolled with a NPI. NC-TOPPS will also be adopting the NPI for all provider agencies at that time.

The LME should give the provider agency the appropriate LME Code and IPRS Attending Provider Number when the Contract or Memorandum of Agreement between the LME and provider agency is signed.

### **User Enrollment**

QPs need a User Login and Password to access the NC-TOPPS web-based system. To receive these, the QP should go to the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>) and click on "User Enrollment." The QP will then submit their name, email address,

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

QP/Clinician ID, LME Code, Provider Agency Name and Address, and Attending Provider Number (or NPI or Medicaid Provider Number). NC-TOPPS staff will send the User Login and Password to the QP's email address within 5-7 business days.

QPs with a current User Login and Password who need to add or change their LME and/or provider agency information should contact Jaclyn Johnson or Kathryn Long to make the appropriate changes or additions (See NC-TOPPS Contacts, Section XI). Please do not sign up multiple times in the web-based system.

QPs who enroll in NC-TOPPS must sign an online statement that they are authorized by their provider agency to be an NC-TOPPS user and that they agree to maintain the confidentiality of all consumers' PHI. (See Section III for more information on confidentiality.) New and current users will be prompted to sign this agreement when they log onto the system.

QPs who do not login for more than 90 days will also need to contact Jaclyn Johnson or Kathryn Long to renew their access to the system.

### **Superuser Enrollment**

Superusers are individuals who have oversight responsibilities for their LME and/or provider agency. Individuals needing to become superusers should follow the same process for enrolling in the web-based system as a QP. Once they have received a User Login and Password, they should contact Jaclyn Johnson or Kathryn Long to receive access as a superuser (See NC-TOPPS Contacts, Section XI).

Individuals who enroll to be superusers must sign an online statement annually indicating their authority to be a superuser and their agreement to use consumers' PHI only for oversight and evaluation purposes. New and current superusers will be prompted to sign this agreement when they log onto the system.

**NOTE:** Use of an individual's NC-TOPPS information to coordinate care requires explicit consent of the individual, in addition to the online superuser agreement. (See Section III for more information.)

Through NC-TOPPS, superusers can track Updates needed, see a list of Initial, Update and Episode Completion Interviews submitted within the past 90 days, and have access to data queries. Both provider agency and LME superusers have access to a report of "Updates Needed" in the NC-TOPPS system to assist them in tracking outstanding Interviews. In this report, superusers can look at Interview submission information by LME, provider agency, QP, consumer information, date of last Interview submitted, and Interview type due. Superusers can save this report to MS Excel to sort the information for further tracking.

Superusers can also change a consumer's QP in the NC-TOPPS system. When a QP leaves a provider agency or a consumer moves from one QP to another QP within the provider agency, the provider agency's superuser is responsible for changing consumers from the original QP to the new QP. When a consumer leaves their primary provider agency and is continuing services at a new primary provider agency, the new QP is responsible for contacting the LME superuser, who will change the consumer's NC-TOPPS submissions to the new QP/primary provider

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

agency. Superusers can go to their “Administrative Tools” link on their main menu and click on “Change Consumer’s QP” to make the appropriate changes.

A QP who moves to a new provider agency cannot receive a new User Login and Password until their consumers at the old provider agency have been reassigned to a new QP. Superusers need to make the appropriate changes promptly in order for QPs’ User Logins and Passwords to be reassigned in a timely fashion. This will allow a smooth transition for consumers, QPs changing locations, and all provider agencies involved.

### **Consumer Submission Information**

Before an NC-TOPPS Interview can be conducted with a consumer, the QP must receive the following information on the consumer from the LME:

- the LME Assigned Consumer Record Number and
- a list of all IPRS target populations in which the consumer is enrolled

The LME should provide this information to the primary provider agency in a timely fashion after the provider agency submits a Consumer Admission Form to the LME.

## **VII. USING THE WEB-BASED NC-TOPPS SYSTEM**

### **Preparation For Interviewing**

The NC-TOPPS Interviews include a common set of items that are generally collected as part of developing and revising a mental health and substance abuse consumer’s PCP/treatment plan. It is important that the QPs are familiar with the Interview questions prior to contact with a consumer. Careful preparation will increase the chances of engaging the consumer and completing NC-TOPPS Interviews with accurate information. Prior to sitting down with a consumer, a QP may walk through the various NC-TOPPS Interview items by going to the NC-TOPPS website (<http://www.ncdhhs.gov/mhddsas/nc-topps>), clicking on “Website Submission,” and entering ‘Training’ for the User Login and ‘Training’ for the Password. Please note that there are a limited number of items required by Federal funding sources that must be answered before one can move on to the next item.

NC-TOPPS Interviews are intended to be fully integrated into the routine delivery of direct consumer service. If the consumer is being treated by multiple provider agencies, the QP from the primary provider agency is responsible for the completion of NC-TOPPS Interviews. Only one set of Initial, Update, and Episode Completion Interviews should be completed for each consumer’s episode of care.

### **Conducting Interviews**

NC-TOPPS is designed to assist the provider agency and consumer in determining and updating service needs through a planned in-person interview and discussion. The NC-TOPPS interview questions can be used as a tool *during* a QP-consumer discussion to help identify areas of concern or can be completed at the *end* of a discussion to ensure that all areas of concern were addressed. As an integral part of the delivery of an outcome-driven service, an NC-TOPPS Interview that is completed with the consumer present in an in-person documented service

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

activity is fully reimbursable. If the consumer declines to participate in an Interview, it is the responsibility of the QP to complete the interviews by gathering the information through clinical records and notes.

NC-TOPPS Interviews should be completed by a substance abuse QP for a substance abuse consumer and by a mental health QP for a mental health consumer with the consumer present. NC-TOPPS Interviews for adult and adolescent consumers should be conducted with that consumer. Interviews for child consumers should be conducted with the child's parent, guardian, and/or other adult responsible for the child's care.

The QP must obtain complete answers and record responses. QPs should refrain from providing opinions, advice, feelings, or suggestions for answers during the NC-TOPPS Interviews. This may influence the consumer to give a response designed to please the QP or to avoid revealing personal information. However, the QP can use probes, explanations, and neutral or positive comments at appropriate times to help the individual understand and feel comfortable answering questions. The use of collateral information and clinical judgment is appropriate to gain more accurate and complete responses.

### **VIII. PERFORMANCE EXPECTATIONS FOR NC-TOPPS**

#### **The LME-Provider Contract or Memorandum of Agreement**

The LME-Provider Contract or Memorandum of Agreement holds the primary provider agency responsible for participating in the NC-TOPPS system through completing and submitting NC-TOPPS Interviews for all required consumers, as defined in Section IV, within the timeframes specified in Section V. Further details of the provider agency performance requirements can be found in the LME-Provider Contract or Memorandum of Agreement signed by each provider agency and the Operations Manual attached to that agreement. Compliance with NC-TOPPS requirements is factored into LMEs' decisions about the frequency and extent of monitoring of their provider agencies.

#### **The DHHS-LME Performance Contract**

The DHHS-LME Performance Contract holds the LMEs responsible for ensuring submission of NC-TOPPS Interviews for all required consumers, as defined in Section IV, within the timeframes specified in Section V. Further details of the LME performance requirements can be found in the DHHS-LME Performance Contract.

DMH/DD/SAS publishes each LME's compliance with these requirements quarterly. The Contract and copies of the quarterly reports can be found on the DMH/DD/SAS website at <http://www.ncdhhs.gov/mhddsas/performanceagreement/index.htm>.

### **IX. ACCESSING DATA AND REPORTS**

DMH/DD/SAS publishes annual statewide reports on the NC-TOPPS website that summarize consumers' service outcomes for each age-disability group and for certain special population

## SFY 2007-2008 NC-TOPPS IMPLEMENTATION GUIDELINES

Effective April 1, 2008

groups. Annual LME-level reports for each age-disability group are sent to each LME and posted on the NC-TOPPS website.

Provider agencies and LMEs can request provider-specific reports and reports on specific population groups by contacting Gail Craddock at [reportrequest@ndri-nc.org](mailto:reportrequest@ndri-nc.org) (See NC-TOPPS Contacts, Section XI).

Web-based reports are currently being developed for implementation in the fall of 2008.

Provider agencies and LMEs interested in receiving their data for local analysis and use can contact Kathryn Long or Jaclyn Johnson (See NC-TOPPS Contacts, Section XI).

### X. FREQUENTLY ASKED QUESTIONS

For additional information please refer to the NC-TOPPS informational website (<http://www.ncdhhs.gov/mhddsas/nc-topps>) under “Frequently Asked Questions.”

### XI. NC-TOPPS CONTACTS

#### Main contacts

Kathryn Long	<a href="mailto:kathryn_long@ncsu.edu">kathryn_long@ncsu.edu</a>	919-515-1310	NCSU Center for Urban Affairs and Community Services
Jaclyn Johnson	<a href="mailto:jaclyn_johnson@ncsu.edu">jaclyn_johnson@ncsu.edu</a>	919-515-1310	NCSU Center for Urban Affairs and Community Services
Report Requests	<a href="mailto:reportrequest@ndri-nc.org">reportrequest@ndri-nc.org</a>	919-863-4600	National Development and Research Institutes (NDRI)

#### Other contacts

Gail Craddock	<a href="mailto:craddock@ndri-nc.org">craddock@ndri-nc.org</a>	National Development and Research Institutes (NDRI)
Marge Cawley	<a href="mailto:cawley@ndri-nc.org">cawley@ndri-nc.org</a>	National Development and Research Institutes (NDRI)
Mindy McNeely	<a href="mailto:mindy_mcneely@ncsu.edu">mindy_mcneely@ncsu.edu</a>	NCSU Center for Urban Affairs and Community Services
Becky Ebron	<a href="mailto:becky.ebron@ncmail.net">becky.ebron@ncmail.net</a>	NC DMH/DD/SAS
Shealy Thompson	<a href="mailto:shealy.thompson@ncmail.net">shealy.thompson@ncmail.net</a>	NC DMH/DD/SAS
Spencer Clark	<a href="mailto:spencer.clark@ncmail.net">spencer.clark@ncmail.net</a>	NC DMH/DD/SAS
Ward Condelli	<a href="mailto:ward.condelli@ncmail.net">ward.condelli@ncmail.net</a>	NC DMH/DD/SAS